

**CHILD CARE TRAINING ROSTER**

EMS 901 (Rev. 04/00)

Name of county where class was held: \_\_\_\_\_

Was training provided/interpreted in another language? If yes, which language: \_\_\_\_\_

**Type of Class:**☐

EMSA Approved Pediatric First Aid

☐

EMSA Approved Pediatric CPR

☐

EMSA Approved Preventive Health &amp; Safety

Please print clearly. Form must be completed.

First Name, Middle Initial	Last Name	Address (Home or Business)	Telephone (Home or Business)	Initial or Renewal Trng.	First Aid Sticker #	CPR Sticker #	Prev. Health Sticker #
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

This course was taught in accordance with the State of California Emergency Medical Services Authority Regulations.

EMSA Approved Training Program Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of Course Instructor \_\_\_\_\_

Course start date:	_____	Instructor/student ratio:	_____	Student/manikin ratio:	_____
Course end date:	_____				
Number of students:	_____				
Number completed:	_____				

Signature of Program Director:	_____
Phone Number:	_____
Fax Number	_____

Comments: (use additional pages if necessary) \_\_\_\_\_

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